

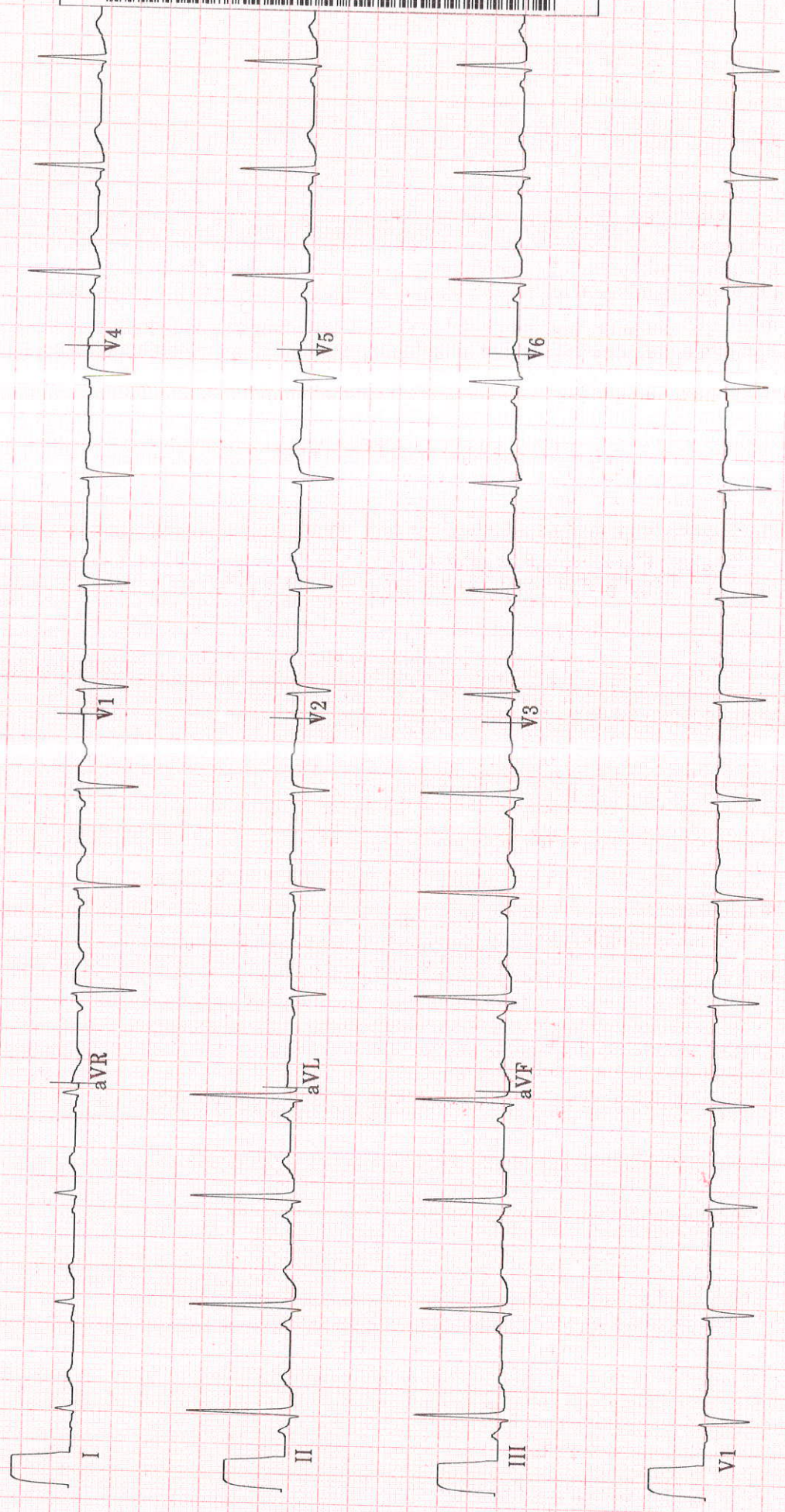
49 years
 Female
 Asian

Technician:
 Test ind:

Normal sinus rhythm
 ST abnormality, possible digitalis effect
 Abnormal ECG

Referred by: hep

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ V239



TMT INVESTIGATION REPORT

| | |
|---------------------------------------|-----------------------------|
| Patient Name : MANJULATA TYAGI | Location : Ghaziabad |
| Age/Sex : 49Year(s)/Female | Visit No : V0000000001-GHZB |
| MRN No : MH010618307 | Order Date : 21/08/2023 |
| Ref. Doctor : HCP | Report Date : 21/08/2023 |

Protocol : Bruce **MPHR** : 171BPM
Duration of exercise : 6min 06sec **85% of MPHR** : 145BPM
Reason for termination : THR achieved **Peak HR Achieved** : 166BPM
Blood Pressure (mmHg) : Baseline BP : 132/80mmHg **% Target HR** : 97%
Peak BP : 150/80mmHg **METS** : 7.1METS

| STAGE | TIME (min) | H.R (bpm) | BP (mmHg) | SYMPTOMS | ECG CHANGES | ARRHYTHMIA |
|-----------|------------|-----------|-----------|----------|--------------------|------------|
| PRE- EXC. | 0:00 | 110 | 132/80 | Nil | No ST changes seen | Nil |
| STAGE 1 | 3:00 | 144 | 140/80 | Nil | No ST changes seen | Nil |
| STAGE 2 | 3:00 | 165 | 150/80 | Nil | No ST changes seen | Nil |
| STAGE 3 | 0:06 | 166 | 150/80 | Nil | No ST changes seen | Nil |
| RECOVERY | 3:07 | 99 | 140/80 | Nil | No ST changes seen | Nil |

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

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Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

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Page 1 of 2

Manipal Health Enterprises Private Limited

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RADIOLOGY REPORT

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MANJULATA TYAGI | STUDY DATE | 21/08/2023 11:16AM |
| AGE / SEX | 49 y / F | HOSPITAL NO. | MH010618307 |
| ACCESSION NO. | R5983979 | MODALITY | US |
| REPORTED ON | 21/08/2023 11:45AM | REFERRED BY | HEALTH CHECK MGD |

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears enlarged in size (measures 165 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 95 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12.1 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 103 x 45 mm.

Left Kidney: measures 103 x 45 mm. A simple anechoic cortical cyst measuring 17 x 13 mm is seen at upper pole.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Anteverted and is bulky in size (measuring 117 x 64 x 60 mm) and shows coarse myometrial echotexture.

A large fundal subserosal fibroid is seen measuring 59 x 50 mm showing significant vascularity seen within. A seedling intramural fibroid in posterior myometrium measuring 7 x 6 mm. Another intramural fibroid in anterior myometrium measuring 12 x 8 mm. Endometrium is thickened and echogenic, measuring 14.6 mm, suggesting endometrial hyperplasia.

Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 29 x 27 x 16 mm with volume 6.6 cc.

Left ovary measures 25 x 24 x 12 mm with volume 3.9 cc.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

-Simple left renal cortical cyst.

-Diffusely bulky uterus with with large fundal subserosal fibroid showing significant vascularity seen within along with few intramural fibroids.

-Thickened and echogenic endometrium suggesting endometrial hyperplasia (ADV: Endometrial sampling/biopsy for further evaluation).

Recommend clinical correlation and follow up.

RADIOLOGY REPORT

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MANJULATA TYAGI | STUDY DATE | 21/08/2023 10:16AM |
| AGE / SEX | 49 y / F | HOSPITAL NO. | MH010618307 |
| ACCESSION NO. | R5983978 | MODALITY | CR |
| REPORTED ON | 21/08/2023 11:52AM | REFERRED BY | HEALTH CHECK MGD |

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

*****End Of Report*****

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RADIOLOGY REPORT

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| NAME | MANJULATA TYAGI | STUDY DATE | 21/08/2023 11:16AM |
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| REPORTED ON | 21/08/2023 11:45AM | REFERRED BY | HEALTH CHECK MGD |

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

LABORATORY REPORT

Name : MANJULATA TYAGI Age : 49 Yr(s) Sex :Female
 Registration No : MH010618307 Lab No : 32230807908
 Patient Episode : R03000053890 Collection Date : 21 Aug 2023 20:18
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 22 Aug 2023 09:40
 Receiving Date : 21 Aug 2023 20:39

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

| | | | |
|-------------------------------------|-------|----------|---------------|
| T3 - Triiodothyronine (ECLIA) | 1.08 | ng/ml | [0.80-2.04] |
| T4 - Thyroxine (ECLIA) | 6.72 | µg/dl | [5.50-11.00] |
| Thyroid Stimulating Hormone (ECLIA) | 3.610 | µIU/mL | [0.340-4.250] |
| 1st Trimester:0.6 - 3.4 | | micIU/mL | |
| 2nd Trimester:0.37 - 3.6 | | micIU/mL | |
| 3rd Trimester:0.38 - 4.04 | | micIU/mL | |

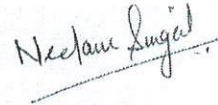
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT

Name : MANJULATA TYAGI Age : 49 Yr(s) Sex : Female
 Registration No : MH010618307 Lab No : 32230807908
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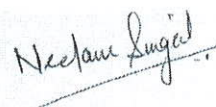
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Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT

Name : MANJULATA TYAGI **Age** : 49 Yr(s) Sex :Female
Registration No : MH010618307 **Lab No** : 202308003244
Patient Episode : H18000000866 **Collection Date** : 21 Aug 2023 10:28
Referred By : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 12:39
Receiving Date : 21 Aug 2023 10:28

HAEMATOLOGY

COMPLETE BLOOD COUNT (AUTOMATED)

SPECIMEN-EDTA Whole Blood

| | | | |
|--|-------------|------------------------------|--------------------|
| RBC COUNT (IMPEDENCE) | 3.89 | millions/cumm | [3.80-5.30] |
| HEMOGLOBIN | 10.5 | g/dl | [11.5-16.5] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 32.2 | % | [34.0-45.0] |
| ICV (DERIVED) | 82.8 | fL | [77.0-97.0] |
| MCH (CALCULATED) | 27.0 | pg | [26.0-34.0] |
| MCHC (CALCULATED) | 32.6 | g/dl | [33.0-36.0] |
| RDW CV% (DERIVED) | 14.7 | % | [11.5-14.5] |
| Platelet count | 230 | x 10 ³ cells/cumm | [150-400] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 12.1 | | |
| WBC COUNT (TC) (IMPEDENCE) | 8.43 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 45.0 | % | [40.0-80.0] |
| Lymphocytes | 44.0 | % | [17.0-45.0] |
| Monocytes | 8.0 | % | [4.0-13.0] |
| Eosinophils | 3.0 | % | [2.0-7.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 7.0 | mm/1sthour | [0.0-20.0] |

LABORATORY REPORT

Name : MANJULATA TYAGI Age : 49 Yr(s) Sex :Female
 Registration No : MH010618307 Lab No : 202308003244
 Patient Episode : H18000000866 Collection Date : 21 Aug 2023 10:28
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 17:16
 Receiving Date : 21 Aug 2023 10:28

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 6.1 % [0.0-5.6]

Method: HPLC

As per American Diabetes Association(ADA)

HbA1c in %

Non diabetic adults ≥ 18 years < 5.7

Prediabetes (At Risk) 5.7-6.4

Diagnosing Diabetes ≥ 6.5

Estimated Average Glucose (eAG) 128 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glyceimic control.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 2 of 2

-----END OF REPORT-----


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LABORATORY REPORT

Name : MANJULATA TYAGI **Age** : 49 Yr(s) Sex :Female
Registration No : MH010618307 **Lab No** : 32230807908
Patient Episode : R03000053890 **Collection Date** : 21 Aug 2023 20:18
Referred By : MANIPAL HOSPITALS GHAZIABAD **Reporting Date** : 22 Aug 2023 09:40
Receiving Date : 21 Aug 2023 20:39

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

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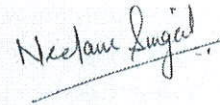
1st Trimester:0.6 - 3.4 micIU/mL
 2nd Trimester:0.37 - 3.6 micIU/mL
 3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

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Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name : MANJULATA TYAGI Age : 49 Yr(s) Sex :Female
 Registration No : MH010618307 Lab No : 32230807908
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Specimen Type : Serum

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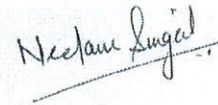
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| | |
|---|--|
| Name : MANJULATA TYAGI | Age : 49 Yr(s) Sex :Female |
| Registration No : MH010618307 | Lab No : 202308003244 |
| Patient Episode : H18000000866 | Collection Date : 21 Aug 2023 11:27 |
| Referred By : HEALTH CHECK MGD | Reporting Date : 21 Aug 2023 16:14 |
| Receiving Date : 21 Aug 2023 11:27 | |

LABORATORY REPORT

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

| | | |
|------------------|--------------|------------------------|
| Colour | Light-Yellow | (Pale Yellow - Yellow) |
| Appearance | CLEAR | |
| Reaction[pH] | 6.5 | (4.6-8.0) |
| Specific Gravity | 1.010 | (1.003-1.035) |

CHEMICAL EXAMINATION

| | | |
|-----------------|----------|------------|
| Protein/Albumin | Negative | (NEGATIVE) |
| Glucose | NIL | (NIL) |
| Ketone Bodies | Negative | (NEGATIVE) |
| Urobilinogen | Normal | (NORMAL) |

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 2-3/hpf | (0-5/hpf) |
| RBC | NIL | (0-2/hpf) |
| Epithelial Cells | 1-2 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |

LABORATORY REPORT

| | | | |
|--------------------------|-------------------|--------------------------|----------------------|
| Name : | MANJULATA TYAGI | Age : | 49 Yr(s) Sex :Female |
| Registration No : | MH010618307 | Lab No : | 202308003244 |
| Patient Episode : | H18000000866 | Collection Date : | 21 Aug 2023 10:28 |
| Referred By : | HEALTH CHECK MGD | Reporting Date : | 21 Aug 2023 11:41 |
| Receiving Date : | 21 Aug 2023 10:28 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|------------|--------------|--|
| Serum LIPID PROFILE | | | |
| Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide | 168 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 187 | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition | 42.0 | mg/dl | [35.0-65.0] |
| VLDL- CHOLESTEROL (Calculated) | 37 | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 89.0 | mg/dl | [<120.0] Near/ Borderline High:130-159 High Risk:160-189 |
| Above optimal-100-129 | | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| T.Chol/HDL.Chol ratio(Calculated) | 4.0 | | |
| LDL.CHOL/HDL.CHOL Ratio(Calculated) | 2.1 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note: .
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

LABORATORY REPORT

Name : MANJULATA TYAGI Age : 49 Yr(s) Sex : Female
 Registration No : MH010618307 Lab No : 202308003244
 Patient Episode : H18000000866 Collection Date : 21 Aug 2023 10:28
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 11:41
 Receiving Date : 21 Aug 2023 10:28

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------------|-----------------|-------------------------------|
| KIDNEY PROFILE | | | |
| Specimen: Serum | | | |
| UREA Method: GLDH, Kinatic assay | 31.5 | mg/dl | [15.0-40.0] |
| UN, BLOOD UREA NITROGEN Method: Calculated | 14.7 | mg/dl | [8.0-20.0] |
| CREATININE, SERUM Method: Jaffe rate-IDMS Standardization | 0.66 | mg/dl | [0.70-1.20] |
| URIC ACID Method: uricase PAP | 5.1 | mg/dl | [4.0-8.5] |
| SODIUM, SERUM | 135.00 | mmol/L | [136.00-144.00] |
| POTASSIUM, SERUM | 4.56 | mmol/L | [3.60-5.10] |
| SERUM CHLORIDE Method: ISE Indirect | 105.6 | mmol/L | [101.0-111.0] |
| eGFR (calculated) | 104.1 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

| | |
|---|--|
| Name : MANJULATA TYAGI | Age : 49 Yr(s) Sex :Female |
| Registration No : MH010618307 | Lab No : 202308003244 |
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LABORATORY REPORT

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| BILIRUBIN - TOTAL <i>Method: D P D</i> | 0.37 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT <i>Method: DPD</i> | 0.07 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i> | 0.30 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) <i>Method: BIURET</i> | 7.10 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) <i>Method: BCG</i> | 3.91 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) <i>Method: Calculation</i> | 3.20 | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i> | 1.23 | | [1.00-2.50] |
| AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i> | 23.00 | U/L | [0.00-40.00] |
| ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i> | 20.00 | U/L | [14.00-54.00] |
| Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i> | 64.0 | IU/L | [40.0-98.0] |
| GGT | 22.0 | U/L | [7.0-50.0] |

LABORATORY REPORT

Name : MANJULATA TYAGI Age : 49 Yr(s) Sex : Female
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BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|------|--------|------|-------------------------------|
|------|--------|------|-------------------------------|

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----



Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

| | |
|---|--|
| Name : MANJULATA TYAGI | Age : 49 Yr(s) Sex :Female |
| Registration No : MH010618307 | Lab No : 202308003245 |
| Patient Episode : H1800000866 | Collection Date : 21 Aug 2023 10:27 |
| Referred By : HEALTH CHECK MGD | Reporting Date : 21 Aug 2023 11:39 |
| Receiving Date : 21 Aug 2023 10:27 | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase | 99.0 | mg/dl | [70.0-110.0] |

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MANJULATA TYAGI **Age** : 49 Yr(s) Sex :Female
Registration No : MH010618307 **Lab No** : 202308003246
Patient Episode : H18000000866 **Collection Date** : 21 Aug 2023 13:54
Referred By : HEALTH CHECK MGD **Reporting Date** : 21 Aug 2023 15:31
Receiving Date : 21 Aug 2023 13:54

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| PLASMA GLUCOSE | | | |
| Specimen:Plasma | | | |
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS | 117.0 | mg/dl | [80.0-140.0] |
| Method: Hexokinase | | | |
| Note: | | | |
| Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise | | | |

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Dr. Alka Dixit Vats
 Consultant Pathologist